

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee <b>CAMPAIGN FUNDING DIRECT, INC.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 03 / 2015</b>		
Mailing Address 1420 SPRING HILL ROAD SUITE 490			Amount <div style="border: 1px solid black; padding: 2px;">1023.47</div>		
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.1126 Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 03 / 2015</b>		
Purpose of Expenditure FULFILLMENT ITEMS - BOOKS & YARD SIGNS		Category/ Type <b>004</b>			
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;">1584945.03</div>		

Full Name of Payee <b>CAMPAIGN FUNDING DIRECT, INC.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 03 / 2015</b>		
Mailing Address 1420 SPRING HILL ROAD SUITE 490			Amount <div style="border: 1px solid black; padding: 2px;">151.20</div>		
City MC LEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.1077 Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 03 / 2015</b>		
Purpose of Expenditure AGENCY FEES- CONSULTING		Category/ Type <b>004</b>			
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;">1585096.23</div>		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">1174.67</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

 MM / DD / YYYY  
**01 / 12 / 2016**

Signature